DEPARTMENT	OF HEALTH AND HUMAN SERVICES
HEALTH CARE	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

	I. IRANSMII IAL NUMBER:	Z. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	9 8 - 0 1 3	Missouri	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITI	E VIV OF THE SOCIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	9/10/98		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CONS		MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	76	
42 CFR	a. FFY 98 \$50,4 b. FFY 99 \$151.		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI		
	OR ATTACHMENT (If Applicable):		
Attachment 4.19A, Page 23			
10. SUBJECT OF AMENDMENT: Continue Add-on's for Unre	eimbursed Medicaid cost and t	the cost of the	
uninsured from SFY 98 into SFY 99			
11. GOVERNOR'S REVIEW (Check One):			
Ø GOVERNOR'S OFFICE REPORTED NO COMMENT Ø'	☐ OTHER, AS SPECIFIED:		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 16	. RETURN TO:		
11. 1. 11. 12			
13. TYPED NAME:			
Gary J. Stangler			
14. TITLE:			
Director			
15. DATE SUBMITTED:			
09/29/98	DE LICE ONLY		
FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED:  18. DATE APPROVED:			
09/30/98	AUG 28 2001		
PLAN APPROVED - ONE			
	D. SIGNATURE OF BEGIONAL OFFICIAL	•	
9110198	Xxxx X e th		
21. TYPED NAME: 22	2. WILE: Acting		
Namette Foster Reilly	ARA for Medicaid and State 0	perations	
23 REMARKS.			
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	Date Decation 00/20/00		
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Attachment 4.19-A Page 23

## Medicaid and Uninsured Add-Ons for State Fiscal Year 1999 XX.

A. Section XVII describes the Medicaid and Uninsured Add-Ons paid to hospitals for SFY 98. Those payments shall continue on a prorated basis as an estimate for SFY 99 reimbursement until a state plan amendment modifying the payments is effective. The SFY 98 Add-On payments will be prorated to pay one-fourth of the Add-On payments by September 30, 1998, the balance will be prorated over the remainder of SFY 99 as an estimate of SFY 99 Add-On payments.

State Plan TN# \_\_\_98-13\_\_

Effective Date: \_\_9/10/98

Supersedes TN # 97-15

Approval Date: AUG 28 2001